

7-27-05

IFW #

Atty. Dkt. No. 065640-0221

Application No. 10/699,573



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Majid ENTEZARIAN et al.

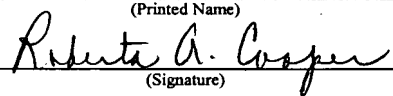
Title: HIGH CAPTURE EFFICIENCY  
BAFFLE

Appl. No.: 10/699,573

Filing Date: 10/31/2003

Examiner: HOPKINS, R.

Art Unit: 1724

|  |                   |
|--|-------------------|
| <b>CERTIFICATE OF EXPRESS MAILING</b>  |                   |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                   |
| EV 633078582 US  | 07/26/05          |
| (Express Mail Label Number)  | (Date of Deposit) |
| Roberta A. Cooper  |                   |
| (Printed Name)   |                   |
|   |                   |
| (Signature)  |                   |

**AMENDMENT TRANSMITTAL**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ [ X ] Reply Under 37 CFR 1.111 (23 pages).
- ☒ [ X ] Formal Drawings (17 Sheets; Figs. 1-24) (Replacement Sheets).
- ☒ [ X ] Information Disclosure Statement Under 37 CFR § 1.56 (2 pages).
- ☒ [ X ] Form PTO/SB/08 (2 pages) with 28 references.
- ☒ [ X ] A check in the amount of \$180.00 in payment of Information Disclosure Statement is enclosed.

☒ The fee required for additional claims is calculated below:

|  | Claims<br>As<br>Amended |   | Previously<br>Paid For |   | Extra<br>Claims<br>Present |   | Rate     |   | Additional<br>Claims Fee |
|--|-------------------------|---|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims:  | 48                      | - | 38                     | = | 10                         | x | \$50.00  | = | \$500.00                 |
| Independent<br>Claims:                               | 14                      | - | 14                     | = | 0                          | x | \$200.00 | = | \$0.00                   |
| First presentation of any Multiple Dependent Claims: |                         | + |                        |   |                            |   | \$360.00 | = | \$0.00                   |
| CLAIMS FEE TOTAL                                     |                         |   |                        |   |                            |   |          |   | = \$500.00               |

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|  |            |          |
|--|------------|----------|
| <input type="checkbox"/> Extension for response filed within the first month:  | \$120.00   | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the second month: | \$450.00   | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the third month:  | \$1,020.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$1,590.00 | \$0.00   |
| <input type="checkbox"/> Extension for response filed within the fifth month:  | \$2,160.00 | \$0.00   |
| EXTENSION FEE TOTAL:   |            | \$0.00   |
| <input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):     | \$130.00   | \$0.00   |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:                                    |            | \$500.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00   |
| TOTAL FEE:   |            | \$500.00 |

☒ A check in the amount of \$500.00 in payment of additional claims is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 26, 2005

By Scott C. Nielson

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Customer Number: 22428  
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Facsimile: (414) 297-4900

Scott C. Nielson  
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Registration No. 50,755